

Grief Support Groups General Information Sheet (GIS)

Child's name: _____

Today's date: _____ Date that the loss occurred: _____

First time participant in group? Yes _____ No _____

If no, how many times has your child participated in a group prior to the current group? _____

Who died?

Mother _____ Father _____ Sibling _____ Friend _____

Relative (specify) _____ Other (specify) _____

How close was the child to the person that died?

Not at all close _____ Somewhat close _____ Close _____ Pretty close _____

Very close _____

What was the cause of the death?

Illness _____ Accident _____ Sudden death (e.g., heart attack) _____

Suicide _____ Homicide _____

Did the child witness the death?

Yes _____ No _____

With whom does the child currently live?

Parent _____ (specify) Mother _____ Father _____ Sibling _____

Friend _____ Relative (specify) _____ Other (specify) _____

Who provides the child's primary emotional support? (All that apply)

Parent _____ Sibling _____ Friend _____ Relative (specify) _____

Mental health practitioner (specify) _____

Religious representative (e.g., nun, pastor, rabbi, priest) _____

Other (specify) _____

What other losses has the child experienced in his or her lifetime? (All that apply)

Death of a parent (specify) _____ Date of loss _____

Death of sibling (specify age of sibling) _____ Date of loss _____

Death of friend (specify) _____ Date of loss _____

Death of relative (specify) _____ Date of loss _____

Death of other significant person (specify) _____ Date of loss _____

Loss of home (specify) _____ Date of loss _____

Separation from sibling(s) (specify) _____ Date of loss _____

Loss of biological family unit: Foster care _____ or Adoption _____
Date of loss _____

Had the child experienced any of the following prior to the loss? (All that apply)

Physical abuse _____ When _____ Relationship to perpetrator _____

Sexual abuse _____ When _____ Relationship to perpetrator _____

Depression _____ When _____

Suicide attempt (s) _____ When _____

Addiction/substance abuse _____ When _____

School

Does your child receive any special assistance at school such as tutoring, advanced placement, or special classes? (specify)

Has the school environment been supportive of your child or have there been problems since the death? (provide details)

Reaction to Loss

How does your child most easily express him- or herself (talking, writing, art, physical games)?

What would you like the group facilitator to know about your child?

Relationships

How would you describe your relationship with your child? How does your child relate to other family members?

How would you describe your child's relationship with peers (ages of peers, extrovert, introvert, leader, follower)?

Health

Does your child have any health concerns? Any allergies? Has he or she had any serious injuries or illnesses? Is your child taking any medications?

What is your child's most frequent health problem?

Will you give permission for a group picture to be taken?

Yes _____ No _____